



CITY OF BURBANK – RESIDENTIAL RENTAL BUSINESS TAX REGISTRATION

Community Development Department / Building Division

150 North Third Street / 818-238-5280

Mail and Make Checks Payable to: City of Burbank – Building Division – P.O. Box 6459, Burbank, CA 91510

Ownership of a total of three (3) or more units on one lot in Burbank requires registration for the Burbank Business Tax (B.M.C. 2-4-810) and payment of Business Tax (B.M.C. 2-4-806)

PLEASE PRINT ALL INFORMATION

Date _____

Address of Rental Property _____ Zip Code _____

Number of Units _____

Does Owner Occupy a Unit? ☐ Yes ☐ No

Effective Date of Ownership _____

INFORMATION ABOUT OWNER

☐ Sole Ownership ☐ Partnership ☐ Trust

☐ Corporation Corporate Name _____ Fed ID # _____

☐ LLC Corporate Name _____ Fed ID # _____

NAMES AND RESIDENCE ADDRESSES OF OWNERS, PARTNERS OR CORPORATE OFFICERS:

Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		
Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		
Name _____	Title _____	Residence Address, City, State and Zip Code _____
Home Phone No. (_____) _____		
Driver License: State (_____) Number _____ Social Sec. Number _____		

Owners Mailing Address (Must be kept current)

Address _____ City _____ Zip _____

INFORMATION ABOUT MANAGER OR PROPERTY MANAGEMENT FIRM

Name _____ Phone _____

Address _____ City _____ Zip _____

I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.

Authorized Signature _____ Title _____

REVERSE SIDE OF APPLICATION MUST BE COMPLETED

Classification K01A	For Office Use Only	2012 Tax Per Unit <u>9.30</u>
BUSINESS ACCOUNT NUMBER _____		Tax Amount _____
Certificate Issued by _____		Adjustment Amount _____
Date _____		Registration Fee <u>30.00</u>
		Total Due _____

FOLLOWING ADDITIONAL INFORMATION REQUIRED:

WASHERS AND DRYERS

Do you have a common laundry room? ☐ Yes ☐ No

If yes, please provide the following:

Number of washers _____ Number of dryers _____

Do you own the machines? ☐ Yes ☐ No (If no, please provide the following:

Name of owner of machines _____

Address _____ City _____ Zip _____

Phone () _____

BUILDING MAINTENANCE

Do you have a Janitorial or Maintenance Service? ☐ Yes ☐ No

If yes, please provide the following:

Name of Maintenance Service _____

Address _____ City _____ Zip _____

Phone () _____

BUILDING SECURITY

Do you have a Security Service? ☐ Yes ☐ No

If yes, please provide the following:

Name of Security Service _____

Address _____ City _____ Zip _____

Phone () _____

VENDING MACHINES (if any)

Product Vended	Name, Address, Phone number of owner(s)